

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	Cabinet G		08-23-01
O.I.P.E. CLASSIFIER	MDN	50	08-31-01
FORMALITY REVIEW	TA BZ	J.CRLY 897	(b) 22/01 03-19-02

## INDEX OF CLAIMS

↗ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral) Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Rejected

REF. AVAILABLE COPY

Claim	Final	Original	Date
1	1	1	11/17/01
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Claim	Final	Original	Date
51	51	51	11/17/01
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Claim	Final	Original	Date
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140	140	140	
141	141	141	with eventually have
142	142	142	to review 08/258, 9/1
143	143	143	(at Board now)
144	144	144	Claims were reviewed
145	145	145	through
146	146	146	
147	147	147	
148	148	148	
149	149	149	
150	150	150	

If more than 150 claims or 10 actions  
staple additional sheet here